

Attachment A

ACTIVE EMPLOYEES 2017 BI-WEEKLY HEALTH INSURANCE RATES SURCHARGES AND DISCOUNTS MAY BE APPLIED TO THE RATES BELOW

	Total Premium	Plan A (HDHP)			
		City Portion	City %	Employee Portion	Employee %
Employee Only	\$334.00	\$285.00	85%	\$49.00	15%
Employee/Spouse	\$772.00	\$660.00	85%	\$112.00	15%
Employee/Child(ren)	\$708.00	\$605.00	85%	\$103.00	15%
Employee/Family	\$1,158.00	\$990.00	85%	\$168.00	15%

	Total Premium	Plan B (PPO)			
		City Portion	City %	Employee Portion	Employee %
Employee Only	\$393.00	\$316.00	80%	\$77.00	20%
Employee/Spouse	\$908.00	\$730.00	80%	\$178.00	20%
Employee/Child(ren)	\$834.00	\$671.00	80%	\$163.00	20%
Employee/Family	\$1,362.00	\$1,096.00	80%	\$266.00	20%

	Total Premium	Dental			
		City Portion	City %	Employee Portion	Employee %
Employee Only	\$28.00	\$21.00	75%	\$7.00	25%
Employee/Spouse	\$52.00	\$39.00	75%	\$13.00	25%
Employee/Child(ren)	\$48.00	\$36.00	75%	\$12.00	25%
Employee/Family	\$72.00	\$54.00	75%	\$18.00	25%

2016 PREMIUM RATE SHEET

Active Employee			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Employee Only	\$47.00 per pay period	\$74.00 per pay period	\$6.75 per pay period
Employee + Spouse	\$108.00 per pay period	\$171.00 per pay period	\$12.50 per pay period
Employee + Child(ren)	\$99.00 per pay period	\$157.00 per pay period	\$11.50 per pay period
Employee + Family	\$162.00 per pay period	\$256.00 per pay period	\$17.00 per pay period

Common Council			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Employee Only	\$79.00 per pay period	\$93.00 per pay period	\$6.75 per pay period
Employee + Spouse	\$182.00 per pay period	\$214.00 per pay period	\$12.50 per pay period
Employee + Child(ren)	\$167.00 per pay period	\$197.00 per pay period	\$11.50 per pay period
Employee + Family	\$273.00 per pay period	\$321.00 per pay period	\$17.00 per pay period

Retiree			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Retiree Only	\$696.00 per month	\$819.00 per month	\$59.00 per month
Retiree + Spouse	\$1,608.00 per month	\$1,892.00 per month	\$108.00 per month
Retiree + Child(ren)	\$1,476.00 per month	\$1,738.00 per month	\$100.00 per month
Retiree + Family	\$2,412.00 per month	\$2,838.00 per month	\$150.00 per month

COBRA			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Participant Only	\$710.00 per month	\$835.00 per month	\$60.00 per month
Participant + Spouse	\$1,640.00 per month	\$1,930.00 per month	\$110.00 per month
Participant + Child(ren)	\$1,506.00 per month	\$1,773.00 per month	\$102.00 per month
Participant + Family	\$2,460.00 per month	\$2,895.00 per month	\$153.00 per month